

NUMBER OF DEPENDENTS:

(THIS INCLUDES ALL RESIDENTS NOT LISTED ON FIRST PAGE)

	<u>NAME</u>	<u>BIRTH DATE</u>	<u>SEX</u> <u>Male/Female</u>	<u>FULL TIME STUDENT</u> <u>Yes / No</u>	<u>RETIRED</u> <u>Yes / No</u>	<u>SOCIAL SECURITY NUMBER</u>
1						
2						
3						
4						
5						
6						
7						
8						
9						
10						
11						

* Is anyone in this Household Pregnant? Yes No Who?

(Please mark one)

OCCUPANT RACE

Optional Information

Please circle.

W - White

AIW - American Indian/Alaskan/Native/White

HW - Hispanic White

AW - Asian White

B - Black/African American

BW - Black/African American - White

A - Asian

AIB - American Indian/Alaskan Native/Black
African American

AI - American Indian

O - Other _____

NA - Native Hawaiian/Other Pacific